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13281 U.S. PTO

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<b>UTILITY PATENT APPLICATION TRANSMITTAL</b> <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. <b>M4065.0522/P522-A</b>		22141 U.S. PTO 10/822771																																
		First Inventor <b>Ercole Di Iorio</b>																																		
		Title <b>LOW VOLTAGE CURRENT REFERENCE</b>																																		
		Express Mail Label No.																																		
<b>APPLICATION ELEMENTS</b> <small>See MPEP chapter 600 concerning utility patent application contents.</small>		<b>ADDRESS TO:</b> MS Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																																		
<div style="display: flex; justify-content: space-between;"><div style="width: 48%;"><p>1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small></p><p>2. <input type="checkbox"/> Applicant claims small entity status. <small>See 37 CFR 1.27.</small></p><p>3. <input checked="" type="checkbox"/> Specification <span style="float: right;">[Total Pages <b>29</b>]</span> <small>(preferred arrangement set forth below)</small><ul style="list-style-type: none"><li>- Descriptive title of the invention</li><li>- Cross Reference to Related Applications</li><li>- Statement Regarding Fed sponsored R &amp; D</li><li>- Reference to sequence listing, a table, or a computer program listing appendix</li><li>- Background of the Invention</li><li>- Brief Summary of the Invention</li><li>- Brief Description of the Drawings (if filed)</li><li>- Detailed Description</li><li>- Claim(s)</li><li>- Abstract of the Disclosure</li></ul></p><p>4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) <span style="float: right;">[Total Sheets <b>5</b>]</span></p><p>5. Oath or Declaration <span style="float: right;">[Total Sheets <b>2</b>]</span><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Newly executed (original or copy)</p><p>b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 18 completed)</small></p><p>i. <input type="checkbox"/> <b>DELETION OF INVENTOR(S)</b> <small>Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</small></p></div></p><p>6. <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76</p></div><div style="width: 48%;"><p>7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program <i>(Appendix)</i></p><p>8. Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i><div style="margin-left: 20px;"><p>a. <input type="checkbox"/> Computer Readable Form (CRF)</p><p>b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> Paper</p><p>c. <input type="checkbox"/> Statements verifying identity of above copies</p></div></p><p style="text-align: center;"><b>ACCOMPANYING APPLICATION PARTS</b></p><p>9. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p><p>10. <input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement <span style="float: right;"><input checked="" type="checkbox"/> Power of Attorney</span> <small>(when there is an assignee)</small></p><p>11. <input type="checkbox"/> English Translation Document <i>(if applicable)</i></p><p>12. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <span style="float: right;"><input type="checkbox"/> Copies of IDS Citations</span></p><p>13. <input checked="" type="checkbox"/> Preliminary Amendment</p><p>14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small></p><p>15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small></p><p>16. <input type="checkbox"/> Nonpublication Request under 35 U.S.C. 122 (b)(2)(B)(i). <small>Applicant must attach form PTO/SB/35 or its equivalent.</small></p><p>17. <input type="checkbox"/> Other: <span style="border: 1px solid black; display: inline-block; width: 150px; height: 20px; vertical-align: middle;"></span></p></div></div>																																				
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in the first sentence of the specification following the title, or in an Application Data Sheet under 37 CFR 1.76: <div style="display: flex; justify-content: space-between; align-items: flex-start;"><div style="width: 60%;"><p><input checked="" type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <b>10/146,112</b></p><p>Prior application information: Examiner <b>H. Ho</b> Art Unit: <b>2818</b></p></div><div style="width: 35%;"><p><b>For CONTINUATION OR DIVISIONAL APPS only:</b> The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts.</p></div></div>																																				
<b>19. CORRESPONDENCE ADDRESS</b>																																				
<div style="display: flex; justify-content: space-between;"><div style="width: 40%;"><p><input checked="" type="checkbox"/> Customer Number: <b>24998</b></p></div><div style="width: 20%; text-align: center;"><p>OR</p></div><div style="width: 40%;"><p><input type="checkbox"/> Correspondence address below</p></div></div> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td colspan="4">Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b> <b>Thomas J. D'Amico</b></td></tr><tr><td colspan="4">Address <b>2101 L Street NW</b></td></tr><tr><td>City</td><td>Washington</td><td>State</td><td>DC</td></tr><tr><td>Zip Code</td><td colspan="3">20037-1526</td></tr><tr><td>Country</td><td>US</td><td>Telephone</td><td>(202) 785-9700</td></tr><tr><td></td><td></td><td>Fax</td><td>(202) 887-0689</td></tr></table> <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td>Name (Print/Type)</td><td>Thomas J. D'Amico</td><td>Registration No. (Attorney/Agent)</td><td>28,371</td></tr><tr><td>Signature</td><td></td><td>Date</td><td>April 13, 2004</td></tr></table>					Name <b>DICKSTEIN SHAPIRO MORIN &amp; OSHINSKY LLP</b> <b>Thomas J. D'Amico</b>				Address <b>2101 L Street NW</b>				City	Washington	State	DC	Zip Code	20037-1526			Country	US	Telephone	(202) 785-9700			Fax	(202) 887-0689	Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371	Signature		Date	April 13, 2004
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FEE TRANSMITTAL for FY 2004		Complete if Known	
Effective 10/01/2003, Patent fees are subject to annual revision.		Application Number	Not Yet Assigned
		Filing Date	April 13, 2004
		First Named Inventor	Ercole Di Iorio
		Examiner Name	Not Yet Assigned
		Art Unit	N/A
		Attorney Docket No.	M4065.0522/P522-A
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
<b>TOTAL AMOUNT OF PAYMENT</b> (\$) <b>1,032.00</b>			

  

METHOD OF PAYMENT (check all that apply)	FEE CALCULATION (continued)																																																																																																																																																																																		
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: <span style="border: 1px solid black; padding: 2px;">04-1073</span> Deposit Account Name: <span style="border: 1px solid black; padding: 2px;">Dickstein Shapiro Morin &amp; Oshinsky LLP</span> The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.	<b>3. ADDITIONAL FEES</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1051</td><td>130</td><td>2051</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>1052</td><td>50</td><td>2052</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td></td></tr> <tr><td>1053</td><td>130</td><td>1053</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>1812</td><td>2,520</td><td>1812</td><td>2,520</td><td>For filing a request for <i>ex parte</i> reexamination</td><td></td></tr> <tr><td>1804</td><td>920*</td><td>1804</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>1805</td><td>1,840*</td><td>1805</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>1251</td><td>110</td><td>2251</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>1252</td><td>420</td><td>2252</td><td>210</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>1253</td><td>950</td><td>2253</td><td>475</td><td>Extension for reply within third month</td><td></td></tr> <tr><td>1254</td><td>1,480</td><td>2254</td><td>740</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>1255</td><td>2,010</td><td>2255</td><td>1,005</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>1401</td><td>330</td><td>2401</td><td>165</td><td>Notice of Appeal</td><td></td></tr> <tr><td>1402</td><td>330</td><td>2402</td><td>165</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>1403</td><td>290</td><td>2403</td><td>145</td><td>Request for oral hearing</td><td></td></tr> <tr><td>1451</td><td>1,510</td><td>1451</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>1452</td><td>110</td><td>2452</td><td>55</td><td>Petition to revive - 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<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b> <table border="1" style="width: 100%; border-collapse: collapse; font-size: 0.8em;"> <thead> <tr> <th colspan="2">Large Entity</th> <th colspan="2">Small Entity</th> <th rowspan="2">Fee Description</th> <th rowspan="2">Fee Paid</th> </tr> <tr> <th>Fee Code</th> <th>Fee (\$)</th> <th>Fee Code</th> <th>Fee (\$)</th> </tr> </thead> <tbody> <tr><td>1202</td><td>18</td><td>2202</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>1201</td><td>86</td><td>2201</td><td>43</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>1203</td><td>290</td><td>2203</td><td>145</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>1204</td><td>86</td><td>2204</td><td>43</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>1205</td><td>18</td><td>2205</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> <p style="text-align: right;"><b>SUBTOTAL (2)</b> (\$) <b>262.00</b></p>	Large Entity		Small Entity		Fee Description	Fee Paid	Fee Code	Fee (\$)	Fee Code	Fee (\$)	1202	18	2202	9	Claims in excess of 20		1201	86	2201	43	Independent claims in excess of 3		1203	290	2203	145	Multiple dependent claim, if not paid		1204	86	2204	43	** Reissue independent claims over original patent		1205	18	2205	9	** Reissue claims in excess of 20 and over original patent																																																																																																																																												
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<b>SUBMITTED BY</b>		<b>(Complete (if applicable))</b>	
Name (Print/Type)	Thomas J. D'Amico	Registration No. (Attorney/Agent)	28,371
Signature		Telephone	(202) 828-2232
		Date	April 13, 2004